

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF TAXATION

REQUEST FOR COPIES OF AUDIT WORKPAPERS

1. NAME OF TAXPAYER: _____

2. ADDRESS: _____

3. TAX ID#: _____ TYPE OF TAX _____

4. DATE OF DEFICIENCY DETERMINATION (BILL): _____

5. ORDER INFORMATION: THIS IS A REQUEST FOR COPIES OF AUDIT WORK-
PAPERS FOR THE DEFICIENCY DETERMINATION LISTED ABOVE.

(SIGNATURE)

(DATE)

(TITLE)

(TELEPHONE NUMBER)

6. AMOUNT DUE:

A. COST PER COPIED PAGE \$.50

B. NUMBER OF PAGES : _____

C. TOTAL COST: _____

FULL PAYMENT MUST ACCOMPANY THIS REQUEST. MAKE CHECKS PAYABLE TO:

RHODE ISLAND DIVISION OF TAXATION
(FIELD AUDIT SECTION)
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5800